

Food Establishment Inspection Report

Jackson County Health Department PO Box 307 – 415 Health Department Rd Murphysboro IL 62966		(618) 684-3143 ext. 128		No. of Risk Factor/Intervention Violations	1	Date	10/15/21
Establishment		License/Permit #		No. of Repeat Risk Factor/Intervention Violations	1	Time In	9:00
Street Address		City/State		Permit Holder	Risk Category		
108 N Chestnut St		De Soto		Ghameel Sadiky	I		
City/State		ZIP Code		Purpose of Inspection			
De Soto		62924		Routine			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable
 Mark "X" in appropriate box for COS and/or R
COS=corrected on-site during inspection **R**=repeat violation

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

Compliance Status		COS	R
Supervision			
1	<input checked="" type="radio"/> In <input type="radio"/> Out		
Person in charge present, demonstrates knowledge, and performs duties			
2	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A		
Certified Food Protection Manager (CFPM)			
Employee Health			
3	<input checked="" type="radio"/> In <input type="radio"/> Out		
Management, food employee and conditional employee; knowledge, responsibilities and reporting			
4	<input checked="" type="radio"/> In <input type="radio"/> Out		
Proper use of restriction and exclusion			
5	<input checked="" type="radio"/> In <input type="radio"/> Out		
Procedures for responding to vomiting and diarrheal events			
Good Hygienic Practices			
6	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O		
Proper eating, tasting, drinking, or tobacco use			
7	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O		
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
8	<input checked="" type="radio"/> In <input type="radio"/> Out, N/O		
Hands clean and properly washed			
9	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		X
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed			
10	<input checked="" type="radio"/> In <input type="radio"/> Out		
Adequate handwashing sinks properly supplied and accessible			
Approved Source			
11	<input checked="" type="radio"/> In <input type="radio"/> Out		
Food obtained from approved source			
12	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
Food received at proper temperature			
13	<input checked="" type="radio"/> In <input type="radio"/> Out		
Food in good condition, safe, and unadulterated			
14	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
Required records available: shellstock tags, parasite destruction			

Compliance Status		COS	R
Protection from Contamination			
15	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
Food separated and protected			
16	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A		
Food-contact surfaces; cleaned and sanitized			
17	<input checked="" type="radio"/> In <input type="radio"/> Out		
Proper disposition of returned, previously served, reconditioned and unsafe food			
Time/Temperature Control for Safety			
18	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
Proper cooking time and temperatures			
19	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
Proper reheating procedures for hot holding			
20	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
Proper cooling time and temperature			
21	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
Proper hot holding temperatures			
22	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
Proper cold holding temperatures			
23	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
Proper date marking and disposition			
24	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A, N/O		
Time as a Public Health Control; procedures & records			
Consumer Advisory			
25	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A		
Consumer advisory provided for raw/undercooked food			
Highly Susceptible Populations			
26	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A		
Pasteurized foods used; prohibited foods not offered			
Food/Color Additives and Toxic Substances			
27	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A		
Food additives: approved and properly used			
28	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A		
Toxic substances properly identified, stored, and used			
Conformance with Approved Procedures			
29	<input checked="" type="radio"/> In <input type="radio"/> Out, N/A		
Compliance with variance/specialized process/HACCP			

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.
 Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R **COS**=corrected on-site during inspection **R**=repeat violation

Compliance Status		COS	R
Safe Food and Water			
30	<input checked="" type="radio"/> In <input type="radio"/> Out		
Pasteurized eggs used where required			
31	<input checked="" type="radio"/> In <input type="radio"/> Out		
Water and ice from approved source			
32	<input checked="" type="radio"/> In <input type="radio"/> Out		
Variance obtained for specialized processing methods			
Food Temperature Control			
33	<input checked="" type="radio"/> In <input type="radio"/> Out		
Proper cooling methods used; adequate equipment for temperature control			
34	<input checked="" type="radio"/> In <input type="radio"/> Out		
Plant food properly cooked for hot holding			
35	<input checked="" type="radio"/> In <input type="radio"/> Out		
Approved thawing methods used			
36	<input checked="" type="radio"/> In <input type="radio"/> Out		
Thermometers provided & accurate			
Food Identification			
37	<input checked="" type="radio"/> In <input type="radio"/> Out		
Food properly labeled; original container			
Prevention of Food Contamination			
38	<input checked="" type="radio"/> In <input type="radio"/> Out		
Insects, rodents, and animals not present			
39	<input checked="" type="radio"/> In <input type="radio"/> Out		
Contamination prevented during food preparation, storage and display			
40	<input checked="" type="radio"/> In <input type="radio"/> Out		
Personal cleanliness			
41	<input checked="" type="radio"/> In <input type="radio"/> Out		
Wiping cloths: properly used and stored			
42	<input checked="" type="radio"/> In <input type="radio"/> Out		
Washing fruits and vegetables			

Compliance Status		COS	R
Proper Use of Utensils			
43	<input checked="" type="radio"/> In <input type="radio"/> Out		
In-use utensils: properly stored			
44	<input checked="" type="radio"/> In <input type="radio"/> Out		
Utensils, equipment & linens: properly stored, dried, & handled			
45	<input checked="" type="radio"/> In <input type="radio"/> Out		
Single-use/single-service articles: properly stored and used			
46	<input checked="" type="radio"/> In <input type="radio"/> Out		
Gloves used properly			
Utensils, Equipment and Vending			
47	<input checked="" type="radio"/> In <input type="radio"/> Out		
Food and non-food contact surfaces cleanable, properly designed, constructed, and used			
48	<input checked="" type="radio"/> In <input type="radio"/> Out		
Warewashing facilities: installed, maintained, & used; test strips			
49	<input checked="" type="radio"/> In <input type="radio"/> Out		
Non-food contact surfaces clean			
Physical Facilities			
50	<input checked="" type="radio"/> In <input type="radio"/> Out		
Hot and cold water available; adequate pressure			
51	<input checked="" type="radio"/> In <input type="radio"/> Out		
Plumbing installed; proper backflow devices			
52	<input checked="" type="radio"/> In <input type="radio"/> Out		
Sewage and waste water properly disposed			
53	<input checked="" type="radio"/> In <input type="radio"/> Out		
Toilet facilities: properly constructed, supplied, & cleaned			
54	<input checked="" type="radio"/> In <input type="radio"/> Out		
Garbage & refuse properly disposed; facilities maintained			
55	<input checked="" type="radio"/> In <input type="radio"/> Out		
Physical facilities installed, maintained, and clean			
56	<input checked="" type="radio"/> In <input type="radio"/> Out		
Adequate ventilation and lighting; designated areas used			
Employee Training			
57	<input checked="" type="radio"/> In <input type="radio"/> Out		
All food employees have food handler training			
58	<input checked="" type="radio"/> In <input type="radio"/> Out		
Allergen training as required			

Food Establishment Inspection Report

Establishment: Gresci's Cafe Establishment #: 1139

Water Supply: Public Private Waste Water System: Public Private

Sanitizer Type: Bleach PPM: 100 Heat: R/A

TEMPERATURE OBSERVATIONS					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
R-Door Standing	38°F	Steam Unit	-		
Kitchen Make	37°F	• Bacon	141°F		
Salad Make	39°F	• Gravy	156°F		
Home-Style	41°F				
Waitress R-Door	39°F	Warmer	-		
		• Soup	178°F		

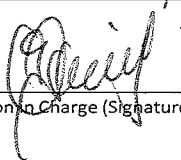
OBSERVATIONS AND CORRECTIVE ACTIONS

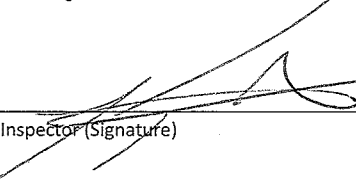
Item Number	Violations cited in this report must be corrected within the time frames below.	Correct By
8/46	Ensure all employees are washing hands + changing gloves between handling product which contaminates hands (shelled eggs). Upon inspection employee cracking eggs w/o changing gloves.	10/14/21
49	Clean shelving in waitress 2-Door unit	
49	Clean all handles + pulls on all equipment throughout facility. Excessive food buildup noted.	
49	Clean exterior of all equipment @ cook's line. Grease/oil/food debris noted.	
39	Remove excessive H ₂ O (water) formation in 2-Door unit in kitchen. Condensing water dripping below.	
55	Clean venthood + filters @ cook's line. Excessive grease/oil/splash noted	
55	Clean entire floor throughout kitchen Pay attention to below equipment.	
49	Clean outside of all spice containers. Food debris noted.	✓

CFPM Verification (name, expiration date, ID#):

Gazmed Sadiky
11672582 x 10/27

HACCP Topic: 16, 21, 22, 23, 24, 25

Person in Charge (Signature)  Date 10/15/21

Inspector (Signature)  Follow-up: Yes No (Check one) Follow-up Date: 10/14/21